TRUST BOARD – PUBLIC SESSION MINUTES

Venue: Meeting by WebEx. **Date:** Thursday 1st October 2020, 09:30-12:45

Members:		**In Attendance:**	
Mr R Samuda, (Chair, Trust Chairman)	(RS)	Mrs R Wilkin, Director of Communications	(RW)
Mr M Laverty, Non-Executive Director	(ML)	Mr D Baker, Director of Partnerships & Innovation (Item 11.1 onwards)	(DB)
Mr H Kang, Non-Executive Director	(HK)		
Mr M Hoare, Non-Executive Director	(MH)	Mrs S Rudd, Assoc. Director of Corporate Governance	(SR)
Cllr W Zaffar, Non-Executive Director	(WZ)		
Prof K Thomas, Non-Executive Director	(KT)		
Dr D Carruthers, Medical Director & Acting Chief Executive	(DC)		(SR)
Mr L Kennedy, Chief Operating Officer	(LK)	**Apologies:**	(PS)
Ms D McLannahan, Chief Finance Officer	(DMc)	Mr T Lewis, Chief Executive	(TL)
Mrs R Goodby, Director of People & OD	(FG)	Ms K Dhami, Director of Governance	(KD)
Ms K French, Interim Chief Nurse	(KF)	Mrs L Writtle, Non-Executive Director	(LW)

Minutes	**Reference**
1. Welcome, Apologies and Declarations of Interest	**Verbal**
RS welcomed Board members to the meeting. Apologies were noted from Mr T Lewis, Ms K Dhami and Mrs L Writtle.	
2. Chair's Opening Comments	**Verbal**
RS acknowledged that it was RG's final Board meeting (further discussed later in the agenda). RS commented that SWBH was near the top of the list in terms of COVID-19 infection rates in the community and this was impacting presentations to the hospital and in Primary Care. Dealing with a second surge and restoration and recovery plans would be a test for the Trust. RS paid tribute to the team for its work within the Trust and within the wider STP. The Trust was playing a leading role in Critical Care across the system and had joined with Birmingham in addressing the handling of resources to deal with the second surge [of the virus]. The Trust had also been leading and collaborating in the Ophthalmology area, where waiting lists were long. RS commended the Trust for its work around lessons learned from the first [virus] surge, particularly in its work with GPs. Learning Works had been working with homeless charities looking at greater capacity and residences for temporary accommodation which was highly innovative for a Trust.	
3. Questions from Members of the Public	**Verbal**
Q1. RS summarised a question from an unknown patient in relation to visiting a relation who had suffered a stroke.	

DC reported that general visiting had been closed in March to protect patients, staff and visitors but visiting had been allowed in relation to end of life care, birth and patients with learning difficulties.

Video technology had been introduced onto the wards through iPads and smartphones to enable relatives to speak to patients with the assistance of ward staff which had worked well.

Relaxation of visiting restrictions had been put on hold because of the resurgence in community cases. DC commented that a balance would be struck but ensuring safety would be the key component of decision-making. Some work was being done to allow more attendance of partners in obstetric and maternity appointments and pathways were being looked at for attendance for relatives in ICU.

DC advised that a flexible approach was being used in dialogue with the wards, the infection control team and family members.

4. Patient story	**Verbal**

KF introduced patient Mr Glenn Edwards, a male outpatient who had attempted to obtain some results and had contacted PAL's as part of the process.

Mr Edwards reported that he had received advice on discharge from the hospital to the effect that he would need another CT scan and blood tests and therefore, he would be required to return to the ward in a week's time. But when Mr Edwards presented at the hospital for the tests, he experienced a series of confusing communications and a lack of information affecting his test results, his medications and ongoing care.

Mr Edwards expressed frustration and disappointment at the lack of information shown, but commended PAL's for their professional handling of his complaint.

DC apologised for Mr Edwards' experience and acknowledged the poor communication he had experienced.

LK commented that there were lessons to be learned from Mr Edwards' experience. KF queried how easy contacting Pals had been. Mr Edwards reported that the service from PAL's had been excellent, but he had discovered the contact details from the internet and a friend.

RS informed Mr Edwards that the Trust would stay in contact and share its learnings with him.

UPDATES FROM BOARD COMMITTEES

5b. a) Receive the update from the **Quality and Safety Committee** held on 25th September 2020. b) Receive the minutes from the **Finance and Investment Committee** held on 28th August 2020.	**TB (10/20) 001** **TB (10/20) 002**

HK reported that most of the Q&S Committee meeting had been devoted to understanding the COVID-19 resurgence and its implications for the system and the Trust, looking at infection numbers, treatment pathways and new guidance.

The impact on the Trust's restoration and recovery plan had been discussed in relation to prioritisation.

HK commented that it had been recognised that the system would be required to integrate and data shared across the STP to get a holistic view of the impact of the pandemic and how it was affecting people in terms of healthcare provision.

Mortality had been discussed in the light of a high HMSR rate which should be fixed once coding issues had been taken into account.

HK highlighted to the Board the closure of an SBAF risk relating to care homes and the risk of collapse. SBAF risks would be reviewed every month or quarterly depending on material issues. LK clarified that the care homes SBAF risk was an historic risk relating to the level of provision of care and was not COVID-19 related, although exacerbated by the impact of the virus. He advised that investment was being made into care homes and the Trust was confident that provision was in place to respond to demand.

He also noted that preparation visits ahead of the CQC inspection were underway and people had been given the opportunity to comment on the terms of reference.

5c. a) Receive the update from the **Digital Major Projects Authority** held on 25th September 2020. b) Receive the minutes from the **Digital Major Projects Authority** held on 28th August 2020.	**TB (10/20) 003** **TB (10/20) 004**

MH reported that the DMPA had discussed the Capital Plan and this would be taken to the next Finance and Investment Committee to ensure it met requirements and was aligned to the financial boundaries.

The roll-out of Windows 10 had been discussed. The trust was currently struggling with hardware provision but the provider had given assurance that delivery would be within the required timeframes.

Progress had been continuing in relation to cyber-security. MH commented that the Trust appeared to be in a good position compare to other NHS Trusts and work was ongoing with NHS Digital in consuming some of its capabilities to enhance security.

The upcoming N365 roll-out across the NHS had been discussed and its possible effect on some of the Trust's working practices. This would be monitored and prepared for and would be a key element for education.

It was noted that Unity was a year old at the time of the meeting and its continuing progress had been acknowledged.

5d. a) Receive the update from the **Finance and Investment Committee** held on 25th September 2020. b) Receive the minutes from the **Finance and Investment Committee** held on 28th August 2020.	**TB (10/20) 005** **TB (08/20) 006**

MH reported that the Committee had focused on the ongoing implications of COVID-19 on the Trust's financial position and how the Trust was clinically supporting and caring for patients in the community.

The Trust's ability to hit the CIP components throughout the year had been discussed.

There had been a presentation on procurement strategy and options and how the current model could be replaced. It had been agreed that the Shropshire alliance model met the criteria and offered the best strategy going forward.

Wellbeing and psychological support provision for staff had been discussed ahead of a second [virus] wave and how this would be funded over the 2020/21 period.

RS commented that the Trust had a distinctive wellbeing offering. He queried the timing of the funding envelope. MH reported that charitable options were being considered. DMc reported that the Trust had

already been in touch with the charity regarding potential support for some of the psychological provision.

5e. a) Receive the update from the **Public Health, Community Development and Equality Committee** held on 28th September 2020. b) Receive the minutes from the **Public Health, Community Development and Equality Committee** held on 31st July 2020.	**TB (10/20) 007** **TB (10/20) 008**

KT reported that the Committee had discussed three main items:

<u>The Why Weight Campaign</u>

This was a campaign that had been launched in August 2020 and was aimed at helping people achieve a normal weight and had been gaining positive traction within the workforce.

Evidence of progress with staff would be followed by the introduction of the campaign to patients and the local community.

<u>The eBike Pilot</u>

KT reported that this was a 12-week research project with eBike Brum. There had been 111 expressions of interest from people who did not already cycle or take exercise. The project was being supported through the R&D department.

<u>A new Public Health Plan</u>

KT reported there had been discussion about developing a new Public Health Plan, with key priorities from the Trust, the STP, ICS, local Councils and the local community. Discussions would continue through the CLE Committee

LK queried the eBike participation criteria and suggested that people who only occasionally cycled to work should be considered. He also queried the incentivisation involved in the scheme. KT reported that incentivisation had not been discussed. RW reported there had been a lot of interest in the eBike scheme. She expressed the view that the incentivisation idea was a good one given the pressure on car parks and offered to investigate. DC cautioned that the pilot was about promoting fitness and health and not to ease pressure on car parking facilities.

HK commented that it would be important for the Trust to showcase its activity in this area and its impact on the health of the workforce, sick leave etc. He reported that the Council was substantially increasing the cycling infrastructure in the City and around the City hospital. The pop-up cycle lane was now in operation.

Action: RW to investigate the introduction of incentivisation into the eBike pilot scheme

MATTERS FOR APPROVAL OR DISCUSSION

6. COVID-19: Overview	TB (10/20) 009

DC presented the COVID-19 overview and made the following points:

There had been a higher increase in community infections in Birmingham and Sandwell compared to other areas which needed to be monitored. Infection prevention procedures would be reinforced in the community. Hospital admissions had risen. All COVID-19 admissions had been centred on the City site where there was expertise in the respiratory hub. There had been good partnership working with the West

Midlands Ambulance Service (WMAS).

The return of children to schools had had a knock-on effect on staff. Symptomatic swabbing of staff was on offer.

The two admissions streams remained in operation at both sites, but virus-positive cases identified at Sandwell were being transferred to City.

Treatment pathways were being kept up to date and communicated to staff to ensure they were known, refreshed and were being applied.

New IPC guidance had been received and was being applied. Those patients admitted for procedures who had been socially distancing and self-isolating before admission (low risk) were admitted to routine 'green' areas. Unselected, acute admissions (narrow to medium risk) were placed on 'amber' wards which were largely equivalent to the former 'blue' ward streams. These patients were swabbed on admission and at regular intervals and PPE remained the same. 'Red' wards remained the same.

There was still a need to maintain 'lilac' wards (for patients with patients who had potentially been exposed to positive cases).

DC reported the Trust had more access to rapid turnaround swabbing using a multiplex technique which could identify 15 viruses in a two-hour timeframe. However, the majority of routine swabs were sent to Black Country Pathology with 24-hour turnaround.

RS queried the regularity of swabbing for key staff. DC commented that the Trust had a similar profile of swab usage being submitted to Black Country Pathology as other Black Country Trusts. Symptomatic patients and staff were prioritised. Hospital staff were not routinely swabbed. The availability of tests was limited to the availability of reagents.

The multiplex test would be focused on specific patients in groups at highest risk i.e. ICU admissions, paediatric patients etc.

WZ expressed the view that work should continue on reassuring the community that the hospital was safe to attend and queried how this was currently being communicated. DC confirmed that messaging remained a focus for the Trust.

KT queried staff deployment plans if the surge worsened. DC reported that this had been considered. He commented that the ITU area in particular would be a focus for additional support. The reservist list [staff who had been redeployed to other departments in the first surge] would be utilised in the first instance.

RS queried the risk assessment process for new joiners. RG reported that line managers would be encouraging new staff to undertake risk assessments which were carried out by Occupational Health. RG commented that risk assessments were being updated constantly.

KF stated that she would be meeting with staff who had gone through a traumatic experience during the first surge and reminded the Board that October was the Freedom to speak up month.

7. COVID-19: Restoration and Recovery	**TB (10/20) 010**

LK referred Board members to the paper which set out the Trust's position in August 2020 in terms of recovery against the internal production/activity plan for the year and the submitted Phase 3 return.

LK reported that the Trust had been tracking well and was the highest returner in terms of activity in the Black Country.

LK highlighted clinical prioritisation and reported that 100% of patient of waiting lists had been prioritised

in each of the specialties (clinically and chronologically). Work was ongoing to achieve standardised clinical prioritisation across the system and the same approach was being taken to risk mitigation.

LK reported that a standardised template for harm reviews was being developed for use across all clinical groups. Ophthalmology had conducted six harm reviews which had found that 'no clinical harm' had been suffered as a result of the waiting time but potential psychological harm had been experienced.

LK referred Board members to the data in the appendix.

RS queried the difficulty to get alignment with others [Trusts]. LK reported that there was a national document which outlined mechanisms for clinical prioritisation, but this could be customised.

KF queried whether the Trust offered support for potential psychological harm caused by long waiting times. LK and DC commented that this was unknown, but DC offered to find out and report back to the Board.

DC queried whether outpatients would be prioritised. LK acknowledged that the paper focused on inpatients, however, Ophthalmology had started such a piece of work. LK observed that a wider exploration would involve large volumes of patients.

In response to a query from RS, LK confirmed that 85% of patients who had waited more than 52 weeks for treatment were in Ophthalmology. He explained that clinical need took priority over chronological wait time.

Action: DC to find out if the Trust offers support to patients suffering potential psychological harm because of having to endure very long waiting times (cases currently in Ophthalmology).

8. Winter Plan	**TB (10/20) 011**

LK reported that the Winter Plan had been discussed by several Committees to gain wide input.

The last three years of data had been reviewed to forecast emergency admissions and bed requirements. There was an assumption in the Winter Plan that the COVID-19 admissions as well as other admissions would not go above what would normally be observed, i.e. the sum of the two would not be greater than normally experienced in terms of admissions.

Referring Board members to figures in the annexe, LK reported that the biggest monthly gaps, following the implementation of all mitigations, would be likely seen in December and January with smaller gaps in October and November.

LK reported that bed modelling for 2020 had been based on 92% occupancy, despite the fact that previous years had seen 98% occupancy from November through to February. This was because dealing with COVID-19 would not allow the full utilisation of wards.

For a period in December however there would be 98% occupancy with general occupancy over Winter being a maximum 95%.

Mitigations took the form of several schemes headed by project leads:

- A challenge to diagnostic coding and length of stay
- Care homes and in-reach by Primary Care community therapy teams using Visionable appointments to help reduce hospital admissions
- Increased emergency opening hours

- The front door pilot had commenced operation including work with GPs to help avoid frail and elderly patients having to come into hospital
- Reaching out to vulnerable patients in the community to ensure they have enough support/food/heating etc.
- Asthma/Parkinson's/MS and heart failure was also a community initiative around admission avoidance
- End of life pathway reduction
- The discharge to assess project. The West Birmingham and Birmingham Councils and Birmingham Community Healthcare Trust established a central hub for discharge to assess which had been very valuable. LK reported that funding had been agreed to March 2021, at which point it would be reviewed.
- A similar approach (to above) would be introduced at Sandwell.

LK reported that the prudent assumption was 40-50% delivery of the schemes.

LK reported that some of the risks would be:

- Staffing gaps, especially in the medicine nursing workforce
- Delivery of the mitigation schemes
- Continuing COVID-19 impacts
- An increase in hospital admissions. There was currently a 10% tolerance in the Trust – a higher percentage would not be able to be managed internally.
- The risk to RTT of the elective to day case scheme. Some routine, elective work would be stood down for a period of time.

LK reported that a dashboard would be tracking each of the schemes and measuring performance against the modelling

In response to a query, LK reported that additional wards would need to be opened up and staffing changes made, if the Trust experienced an increase of admissions in excess of 10%.

KF queried nursing ratios. LK advised that the 1:8 [nursing] ratio was not being used currently but had been put in place – only in the base wards - during the first COVID-19 surge and might be considered again in the event of a second wave.

RS queried PCN engagement. LK reported that the Winter Plan would be shared widely once it had been signed off.

RS commented that the Winter Plan would be monitored closely.

9. CQC progress update	**Verbal**

KF reported that unannounced visits to clinical areas had commenced. General feedback had focused on the environment. It was noted that some of the bathrooms needed refurbishment. KF reported that progress on refurbishment plans would be checked.

Staff had made some comments from staff about gaps in capacity which would need strengthening and learning from complaints and serious incidents had been patchy and work would need to done Trust wide.

KF commented there were also some gaps in knowledge about staff being able to be open and

transparent.

KF reported that feedback was given back to the clinical area in question on the day, an action plan was developed and monitored. The Trust was beginning to pull together some of the overarching themes which would start to form the CQC plan.

An informal meeting for Board members on this topic would take place on 8th October 2020 and would include feedback from the Good Governance Institute.

KF reported that regular meetings were taking place with CQC Relationship Managers.

10. Freedom to Speak Up - update	**Verbal**

KF advised that October 2020 was Freedom to Speak Up Month and regular communications would be circulated on a weekly basis. She shared an explanatory alphabet chart and a poster with Board members.

KF advised that a full evaluation paper on the initiative would be prepared for the November Board meeting however early indications were that it had been very beneficial. Responding to people who spoke up would be vital to making the project work.

KT queried how people would be responded to. KT commented that meetings had been offered with people who had raised concerns and investigations had been undertaken. Some feedback had been given to heads of departments. KF commented that it was important to ensure actions were carried out in response.

Action: KF to present an evaluation of the Freedom to Speak Up initiative to the November 2020 Board meeting.

REGULAR MATTERS

11. Chief Executive's Summary on Organisation Wide Issues	**TB (10/20) 012**

DC referred Board members to his report and made the following points to note:

Quality and safety:

- **Four-hour target**

  DC reported that challenges continued with the emergency four-hour target caused by having to run two streams within the department because of the impact of COVID-19 and achieving a smooth and efficient discharge process. Improvement plans had been put in place. A 12-hour DTA breach related to a mental health patient who faced a long wait before a suitable bed could be found. A table-top review would be carried out.

- **Unity**

  DC reported that Unity had reached its first-year anniversary, but there was still a lot of work to do in terms of optimisation. Work streams were in place and ongoing.

- **Harm reviews**

  DC reported that weekly meetings were taking place to review moderate harm cases from the trust's safeguard system to tighten up the process supporting groups on deciding which cases should proceed to full SUI review. DC commented this was a healthy, interdisciplinary approach.

Colleague wellbeing:

- **Flu Campaign**

  The flu vaccination campaign had commenced with the aim being 100% within the organisation and across the system including patients.

- **NHS staff survey**

  The national staff survey had been circulated and the WeConnect programme had recommenced.

Partnerships:

- **MMUH**

  DC reported that MMUH was progressing well with the help of partners.

- **Car Parks**

  DC acknowledged the restricted car parking situation, but steps had been taken to ease problems for staff trying to find safe parking on-site, utilising some temporary proposals.

COVID-19:

- (Discussed earlier).

KT queried the incident involving a mental health patient having to be in ED for more than 12 hours. DC responded that the patient had needed a specific category bed, where the local and national provision was very challenging.

The delay had been caused by timings of assessments, identifying the type of bed required and its location. DC commented that this issue had been observed on more than one occasion, often involving younger adults needing specialised care and support. DC reported that a meeting would shortly be held with partners to identify the best way forward in terms of locating appropriate care beds.

ML queried whether there had been an update from the STP in response to the Trust restating its position. DC referred this to the Private Board meeting (to follow this meeting).

RS queried the progress of the flu vaccine programme. DC confirmed that the first delivery [of vaccine] had been received and vaccination had been started. HK confirmed that there was a national problem with supply constraints because of the ambition to vaccinate a larger audience this year. DC stated that enough vaccine had been ordered for staff, but the Trust needed to be mindful of patient vaccination demand.

11.1 Integrated Quality and Performance Report	**TB (10/20) 013**

DB presented the IQPR and made the following points to note:

Stillbirth rates had returned to normal levels after peaking in June 2020. There had been no neonatal deaths.

DB commented that there had been some positive actions following the presentation of the mortality rates paper to the Quality and Safety Committee, in relation to documentation coding.

In terms of ED, the Trust had recovered to similar levels of activity compared to other Trusts, but the ED remained in the bottom 10% in terms of performance.

In terms of the DM01, the Trust was the lowest in the region.

RS queried elevated fall numbers and issues with [emergency] buzzers. KF commented that ensuring that people had a buzzer if they needed one was a key issue, but there were other factors that could be addressed. KF reassured Board members that falls were investigated and reports would be taken to Moderate Harm meetings going forward.

RS queried the Sandwell ED performance. LK acknowledged that this was a concern. The COVID-19 position at Sandwell in August had been a challenge, however, a large part of the issue was in the poor flow of patients caused in part by delayed discharges. A discharge ‘lounge’ facility would soon be operational at Sandwell. It was hoped this would improve flow.

11.2 a) Finance Report: Month 5 2020/21 and COVID Finance	**TB (10/20) 014**

DMc reported that costs had reduced across the board in Month 5 which had been reflected in the retrospective top-up request. The breakeven regime had continued and had ended 30th September 2020.

Good progress had been made in validating claims with NHSI&E and a small balance had remained outstanding of just over £4m which was expected to be settled.

Costs in response to COVID-19 in months 1-5 had been included in the paper. Around £20m had been spent - £3m incurred on capital works and £17.7 on revenue items.

DMc reported that there were some overlaps which would continue to be tracked monthly going forward.

The Trust’s Working Capital position continued to improve, and cash balances remained strong. The capital programme was slightly behind schedule due to spending in relation to MMUH.

DMc commented that the key issue would be to set a financial plan for the rest of the financial year.

Sandwell and West Birmingham’s current position showed a gap of £6.5m. DMc commented that out of the four Black Country Trusts, there was only one that had a smaller gap.

The Trust’s cost forecast had been tracked against the same period in 2019. Non-pay had been similar and pay was around £1m more which was reasonable. DMc reported that the Trust would be seeking additional funding to plug the gap.

The forward plan would be to refine the COVID-19 forecast/specific costs for the next six months.

In terms of process there would be an overall system plan submitted on 5th October 2020 and the Trust Plan would be submitted on 22nd October 2020. An extraordinary Finance and Investment Committee (FIC) would sign off the [Trust] plan.

Contract negotiations had commenced for 2021/22 which aimed to agree a multi-year deal.

In response to a query from HK, DMc confirmed that the gap had reduced from £20m to £6.5m.

RS queried the risk to other income. DMc reported that the Trust had been instructed by Centre to be ambitious in recovering other income. She reported there had been a suggestion from Centre that there may be other funds available if other income could not be recovered.

In response to a query from RS, DMc reported that Vanguard had been rephased in terms of ‘going live’ and the revenue assumption would fall into the next financial year.

In response to a query from LK about financial governance, DMc commented that it was more difficult in capital than revenue. MH commented this [financial governance] would be monitored by the FIC in the

coming months.

11.3 Trust Risk Report	TB (10/20) 015

KF updated the Board on the risk report with the following points to note:

The Trust's current governance work had been reviewing how risks were being managed, working with the internal auditors (RSM) to improve process.

LK raised the issue of COVID-19 risks and clarified that they had been monitored but they had been kept separate from the risk register. KF confirmed that a piece of work around COVID-19 risk had been done and results would be presented to the Risk Management Committee (RMC) and later to the Board in November 2020.

11.5 NHS Regulatory Undertakings: Monthly status update on agency and four-hour standard	TB (10/20) 016

DC referred Board members to the papers and reported that the focus was on agency and ED performance.

There had been a drop-off in four-hour performance at both City and Sandwell EDs. DC reported that processes were in place to try to improve performance across the system.

DC raised the issue of Radiology reporting (not included in the paper), which remained stable for inpatients on a weekly basis – around 85% achieving target. GP targets remained far adrift (around 50%) because of non-attendance by patients. An improvement plan would be put in place by specialty leads.

Agency spend exceeded the cap slightly. RG commented that agency spend was lower than the cap if the amount coded to COVID-19 was subtracted. Spending had consistently been on or below the cap for three months which was a positive.

12. Application of the Trust Seal	TB 10/20) 017

RS referred Board members to the paper. The Board **APPROVED** the application of the seal.

UPDATE ON ACTIONS ARISING FROM PREVIOUS MEETINGS

14. Minutes of the previous meeting and action log To approve the minutes of the meeting held on 3rd September 2020 as a true/accurate record of discussions, and update on actions from previous meetings	TB (10/20) 018 TB (10/20) 019

The minutes of the previous meeting held on 3rd September 2020 were reviewed.

The minutes were **APPROVED** as a true and accurate record of the meeting.

The action log was reviewed with the following updates:

- *TB (11/18) 006 - Future R&D board development session proposed with primary care colleagues (led by Prof Lasserson)*

  DC reported that he would take this back to the R&D board.

- *TB (08/20) 010 - Reach out to CCGs to investigate whether GPs are carrying out separate patient stratification work.*

LK reported that TD had been in contact with GPs. Feedback was that stratification would need to be selective because of the volume but progress had been made.

- *TB (09/20) 010 - Provide a comparative performance report in relation to bringing back services.*

  LK reported that visibility had been achieved and this action was complete.

- *TB (09/20) 011 - Reconcile Position FTE to budget and identify drivers for increase in Position FTE and vacant posts.*
  DMc shared a table of figures with Board members. DMc commented that the risk for the Trust was over establishment on bank and flexibility would be required. DMc offered to review the situation and report back to the November Board meeting.
- *TB (09/20) 011 - Include a forward-looking recruitment trajectory to enable performance tracking against the recruitment plan (aligned with the vacancy factor).*
  RG reported that vacancies had been discussed at the group reviews and work would be carried out to ensure groups were working to their assigned vacancy factor to ensure affordability. To be discussed by Committee and the Board.

Action: DC to take the proposal for a future R&D board development session with primary care colleagues back to the R&D board.

Action: DMc to investigate the drivers of the staffing bank and report back to the November Board meeting.

MATTERS FOR INFORMATION

15. Any other business	**Verbal**

Rafaella Goodby

RS acknowledged that Rafaella Goodby's last board meeting and extended thanks for her contribution.

16. Date of next meeting of the Public Trust Board:	**Verbal**

- The next meeting will be held on Thursday 5th November via WebEx Meetings.

Signed ……………………………………………………………………………………………….

Print ……………………………………………………………………………………………….

Date ……………………………………………………………………………………